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ABSTRACT

The objectives of these Centers were as follows: (1) to reduce the extent of retardation in reading for educationally deprived pupils from low-income families in grades four through twelve in Detroit, and, (2) to gain further knowledge and skills for the effective operation of Communication Skills Centers providing remedial services for large numbers of disadvantaged children and youth. Operating from portable units, the staff included a reading diagnostician-administrator, a social therapist, a psychologist, six remedial reading teachers, a clerk-typist, two school service assistants, and a school bus driver. During the school year the program served students from the four Neighborhood Education Center public elementary schools. Students were referred to the Center by teachers at these schools, tested at the Center and if selected for service, placed into classes averaging four students. Students attended one hour instructional periods four days each week. The staff had planning and preparation sessions, staff conferences, and conferences with feeder school personnel and parents. (Author/JM)

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COMMUNICATION SKILLS CENTER

EVALUATION REPORT
1970 - 1971

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Project Evaluator

RESEARCH AND DEVELOPMENT
DETROIT PUBLIC SCHOOLS

November
1971

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BACKGROUND OF THE PROJECT

The First Year of Operation, 1965-1966

In October 1965 the Communication Skills Project was established in the Detroit Public Schools. It began by serving 1,643 students from 79 public and parochial schools.

Students from the participating schools were provided diagnostic and remedial reading services at five project centers in the city.

The first evaluation report, and the subsequent evaluations consistently reported findings of positive gains in reading achievement, attitudes, and efforts on the part of the students involved.[1] In addition the evaluations reported increasing teacher acceptance of Communication Skills Centers (CSC) as resources not only for students but for themselves in improving programs in their own classrooms. The format provided was as follows:

Five Communication Skills Centers were established to provide the afore described services for students in grades 4 through 12 who needed remedial work in reading. An additional function of the centers was to provide counseling services for students whose lack of achievement appeared to be related to underlying problems of social adjustment.

The objectives of the CSC project as stated on the application for federal funding in 1965 read as follows:

General Objectives

1. To reduce measurably the extent of retardation in reading for educationally deprived pupils from low-income families in grades 4 - 12 of Detroit schools.

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[1]See CSC evaluation reports for school year 1965-66 through 1969-70, Department of Research and Development.

2. To gain further knowledge and skills for the effective operation of Communication Skills Center providing remedial services for large numbers of disadvantaged children and youth.

Specific Objectives

1. To extend diagnostic service to a large number of pupils who are severely retarded in reading.

2. To provide thorough remedial instruction in reading and related communication skills.

3. To provide counseling, psychological, and medical (including psychiatric) services for pupils whose reading problems require such service.

4. To strengthen the reading program in participating schools through communication with the centers.

5. To gain additional knowledge about the effectiveness of numerous methods and materials of remediation of reading deficiencies.

6. To gain new skills in maximizing the effectiveness of personnel giving special services.

7. To increase the number of pupils who complete high school with greater employability.

Three Communication Skills Centers, one in each of three regions, were established for elementary and junior high students. Two centers were established for high school students and an additional high school center was added the following year.

Each Communication Skills Center included the following personnel:

1 Junior Administrative Assistant

6 Remedial Reading Teachers

1 Reading Diagnostician

1 Psychologist (half-time)

1 Social Therapist

1 Clerk-Typist and 1 Lay Aide

The central staff for the project included a director, 3 region coordinators and 3 clerk-typists.

The elementary and junior high pupils were bussed to two 60 minute CSC classes weekly and the high school students attended four 45 minute sessions weekly.

Although the average period of enrollment during the inaugural year was less than two months, strong achi vement gains on standardized test and positive attitudinal changes among students were noted on a self-administered scale.

School Year 1966-67

During the school year 1966-67, 2,845 students from 86 public and parochial schools were serviced by the six centers then operating. The specific findings of the report cited reading comprehension achievement test gains made by CSC students as being substantially greater than the same students rates of gain prior to CSC experience. In general the largest gains were made by junior and senior high school students. Students again showed improvements in attitudes and behaviors within the regular school classroom. A total of 596 teachers participated in in-service workshops conducted by CSC personnel.

School Year 1967-68

During the school year 1967-1968 a total of 942 students from 53 public and parochial schools were serviced by the CSC. Project services had been cut back as a consequence of a reduction in the level of Title I funding. Service to both junior and senior high school students was terminated and the project operated in each elementary center without the junior administrative assistant but with 50% increase in psychological services. The reading diagnostician took on an administrative function. Each CSC student attended four 50 minute sessions

weekly. Wednesdays during the regular school year were reserved for planning, conferences and information gathering in-service education functions.

Pre- and posttesting of CSC students resulted in reported gains about equal gains expected of normal achieving students in reading comprehension over the school year.

Further evidence was cited of improvement in students' attitudes toward school.

The CSC program was cited by the American Insititutes for Research in the Behavioral Sciences as one of 21 programs nationwide that had achieved success!

School Year 1969-69

The CSC completed its fourth year in 1969. Further cutbacks in funding had reduced the CSC to one center operating on the grounds of the Berry Elementary School. The center served students grades 3 through 6 from six public and parochial schools. A summary of findings follows:

> Means of test-score gains in reading comprehension for all grades (3 through 6) were much higher than mean gains in vocabulary and were higher than gains to be expected from normal achieving pupils. The students exhibited mean aptitude levels below the 40th percentile according to national norms. There was some evidence that those groups with the lowest mean aptitude levels profited more as a result of the CSC experience than the groups with higher mean aptitude scores. Mean rates of gain in reading comprehension were double the students' rates of gain before CSC treatment.
>
> Examination of the relationship of absence to gain in reading comprehension showed that, as could be predicted, students with high absence rates gained least. However, the students with a high incidence of absence still scored gains at a rate well above their pre-CSC levels.

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[1]American Institutes for Research in the Behavioral Sciences, A Study of Selected Exemplary Programs for the Education of Disadvantaged Children. Palo Alto, California, 1968.

The report concluded with recommendations of specific change which, preceded by their rationale, appear below:

> Through interviews and conferences with Neighborhood Education Center (NEC) Project school principals, curricular assistant principals, and teachers, the evaluator received several suggestions for improvement of CSC services to pupils and teachers. Outlined below are a few of these suggestions which would require relatively minor changes in the CSC program and which, in the project evaluator's judgement, would result in a higher degree of attainment of the project's major objectives.
>
> 1. The CSC staff should diagnose the reading skills of <u>all new enrollees</u> in grades 3 - 6 in the four NEC elementary schools. Individual pupil reports of the results of the diagnoses should be given to the pupils' regular classroom teachers.
>
> 2. The CSC staff provide diagnostic materials to the best of its ability for use by the regular teacher in the classroom.
>
> 3. Establishment of prescriptive services to the classroom teacher on the basis of the results of diagnosis.
>
> 4.. Improvement of communication and greater interaction between the specialist CSC teachers and the classroom teachers.
>
> 5. Increased emphasis on the dissemination of information to the teachers of the feeder schools.

<u>School Year 1969-70</u>

The CSC during its fifth year of operation serviced students from four schools within its remediation program and provided diagnostic and consultation services to a nearby parochial school. A total of 787 students received diagnostic and prescriptive services. The average enrollment in the remediation program was 158 students. A comparison of CSC student gains on the Stanford Reading Tests with their grade peers enrolled in the four schools elicited this evaluation in the final report.

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[1]These four schools make up the Neighborhood Educational Center (NEC) Project in Detroit. The project utilizes classroom teachers organized in clusters and employs a behavioral objective planning document as a guide to curriculum.

"It should be noted that the mean grade equivalent scores of the CSC students were in every case below those of their cohorts on the pre-tests. The rate of learning of the CSC students was in most situations brought much closer to that of their cohorts than had previously been the case. The CSC students then were not falling further behind as might have been expected prior to CSC treatment. However, the gains made were not sufficient to reach the level of cohorts who as a group were initially less retarded on skills."

Attitudinal changes followed the pattern described earlier.

A synopsis of the recommendations and their rationale follows:

"Dr. Hugh J. Scott, former region assistant of Region 8 and administrator of the NEC Project and the evaluator discussed the relationship of the CSC and the NEC at a conference in May 1970. The discussion centered on the administrative changes called for in the earlier interim report dated January 28, 1970. As a result of this conference two meetings were scheduled by Dr. Scott, one with the CSC faculty and the second with the NEC principals to provide for the articulation of the CSC resource with the goals and aims of the NEC experiment. The specific issues spotlighted at the meetings were as follows:

a) Integration of the administrative relationship of the CSC and NEC.

b) Use of the CSC as a demonstration laboratory for the use of NEC personnel.

c) Inclusion of CSC personnel as participants and resource personnel in NEC intra-project planning, communication, workshops and in-service training. As personnel are made aware of NEC and CSC project objectives and methods, it is felt that the problems of communication now endemic to the operation of these projects will be relieved.

d) Use of CSC personnel as consultants in diagnosis.

e) The CSC personnel develop diagnostic and prescriptive techniques for work with the lower primary students. These efforts should be directed toward the prevention of retardation in developmental skill progression.

f) CSC personnel become an integral part of the planning and curriculum councils of the participating schools.

g) The resource staff available to the CSC seek to involve community parents both to achieve greater support for its students and to provide resources to the CSC.

The Operation of the CSC Project, 1970-71

Description and Procedure

The CSC program for 1970-71 operated from portable units located on the Berry School grounds. The four schools serviced were located within a mile radius of the center. The CSC staff for 1970-71 is listed below and was unchanged from the previous two years.

1 Reading Diagnostician-Administrator
1 Social Therapist
1 Psychologist
6 Remedial Reading Teachers
1 Clerk-Typist
2 School Service Assistants
1 School Bus Driver

During the school year the CSC served students from the four NEC public elementary schools. Students referred to the center by teachers at these schools were tested at the center. If selected for service, they were placed into classes averaging four students.

Students attended one hour instructional sessions four days each week. A school bus transported the children to and from the classes. One day each week the staff had intensive planning and preparation sessions, staff conferences, and conferences with feeder school personnel and parents.

Selection of students was based on the following criteria into which the sending school teachers had major input. The final selection of students was made by the student's classroom teachers.

1. Student was reading at a level which was below his reading capacity as determined by standardized tests and/or teacher judgment.

2. Student had not profited from reading improvement instruction within the regular school.

3. Student was not waiting placement in a special education program.

The newly enrolled CSC student received a thorough reading diagnosis. This included a study of general health, vision, hearing problems and the perceptual, psychological and social adjustment of the student. If necessary the student was referred to other professionals or agencies for attention or remedy. An informal reading inventory and the administration of diagnostic reading tests aided in determining specific reading disabilities.

With the results of pupil's diagnosis as a guide, a tentative program of instruction was developed. The students were then placed in small classes (four pupils per class) for instruction. Using a variety of specialized remedial reading materials and equipment, the CSC teachers individualized instruction to meet each student's needs. Appropriate adjustments in a student's instructional program were then made on the basis of ongoing diagnosis and evaluation. When a student's progress was not satisfactory, a staff conference of the CSC teacher, psychologist, social therapist, and reading diagnostician was held to discuss the problems in depth and to explore new approaches. When more serious medical or psychological disabilities were discovered, the social therapist and the psychologist worked with the student or referred him to the proper agency or consultant.

Number and Kinds of Students Serviced

During the school year 1970-71, 655 students received diagnostic testing service at the CSC. This figure accounts for 54% of the students enrolled in the four NEC feeder schools in grades 2 - 6. Prescriptive reports as to strategies and tactics for remediation were returned to the regular classroom teacher for each child diagnosed (see appendix). The classroom teachers then selected the specific students for enrollment in the treatment program. Average

enrollment in the treatment program was 96 students. Students of the primary unit P-2 were involved in the treatment program for the first time and they accounted for 50% of the remedial pupil stations. The scholastic aptitude of the students as shown on the Peabody Picture Vocabulary Test is indicated below:

IQ	Students	Percentage
79 or below	29	22.7%
80 - 90	47	36.7%
90 and above	52	40.6%

The 128 students whose scores are included above attended the CSC for at least 20 sessions during the school year 1970-71. Their scores averaged slightly higher than the scores posted by CSC students during the previous year. The difference tended to be due to the presence of a number of students whose scores were over 110. The presence of these higher aptitude students will be discussed in a later section of this report.

A total of 39 students left the project during the year; 22 of these moved; 14 left because of school or parental request including illness and three were returned to school because of exemplary improvement.

The grade and school configuration of students participating in the project is shown below.

	Bell	Berry	Field	Field Annex	Total
Primary 2	23	15	25	-	63
Grade 3	11	14	4	8	37
Grade 4	-	-	2	10	12
Grade 5	-	-	-	16	16
Total	34	29	31	34	128

The Bell School contained no students higher than 3rd grade and the Field had no 5th grade students. The Field Annex had no primary unit.

Over 30% of these students (39) were found to require some forms of health service. These consisted of contracted services for vision, hearing, other medical, neurological or psychological problems of import.

Use of Reading Diagnostician, Psychologist and Social Therapist Services

In addition to regular NEC-CSC interactions which included ongoing consultation and teacher visitations with NEC faculty both at the school and at the center, and eleven staff conferences on specific students, the reading diagnostician, psychologist and social therapist met with administrators, teachers, aides, parents, community people, etc., from seven separate elementary schools in Region 8 and elsewhere, one parochial school and two junior high schools. These meetings consist of from one session with one individual to 12 sessions with 30 individuals in each separate school. In addition the staff met with central office personnel and outside region personnel in consultation as to program, extension of service and in-service training. These activities were planned to meet the goal of greater dissemination of information that the CSC faculty had set.

The CSC formally reported on the progress of each of their students to the teachers of the sending schools during February and March. The Informal Reading Inventory was revised to put a greater stress on identifying problems in reading comprehension and methods were devised to begin working with kindergarten students to identify prescriptive reports was revised to better fit the curricula and behavioral objective goals of the NEC schools.

The latter became possible because of the changes brought about in the relationship of the NEC and the CSC during the year. They were:

1. Decisive weight given to the input of the NEC classroom teachers in the selection of remedial students.

2. The inclusion of the CSC staff in NEC planning.

3. The subsequent changes in diagnostic and prescriptive reporting to present increasingly useful techniques for classroom work to the sending school teacher.

The social therapist made a total of 111 parental contacts during the school year. A majority of these were made through home visitations. Nearly 90 medical or agency contacts were made and followed through regarding specific students. These ranged from obtaining corrective eyeglasses to neurological examinations or children center referrals. A total of 211 student conferences were held exclusive of the above. The social therapist worked with a teacher check list and the self-esteem scale to alert the CSC staff to the student's needs.

The psychologist was involved with the diagnostician in 151 screening and perception diagnostic interviews and a number of in-service training, visual aid demonstrations and parental conferences. Case studies of 24 students were prepared and followed through.

Development of further techniques for working with students with perceptual, verbal and auditory problems were given great emphasis. More parental contacts were made than in past years.

Gains in Reading Achievement

The CSC students who were selected for remediation treatment at the center were tested along with the total school population in May 1970 on the Stanford Achievement Tests as part of the NEC evaluation process. All students (Primary 1 - Grade 6) were retested in May 1971 as part of the Title I testing program. In addition all other Title I (Primary unit through Grade 6) students in the

Detroit Public Schools were tested in May 1971 on the Stanford Tests of Reading and Arithmetic. Table 1 shows the results of this testing on the Stanford subtests.

The sending school population (NEC) represented by the scores on the above mentioned tests includes only those students who in Primary Grade 2 had been enrolled in the project for two years and in grades 3, 4, and 5 for the entire three years that the NEC project has been operative. The scores for Title I include all students who were in their respective schools (94 elementary buildings) on test day. The CSC population is represented by those students who attended a minimum of 20 remedial sessions during the 1970-71 school year. The average number of sessions attended was nearly 80 or four school months.

It can be seen that the test scores recorded by CSC students in May 1970 demonstrated an observable deficiency as compared to their NEC cohorts. These students clearly were selected for remediation because of lack of progress in reading. It should be noted that for Primary 2 and Grade 5 the CSC student's records looked much like the profile for all Title I students as of May 1971.

Looking at the gains in months of CSC students in comparison with the gains of their NEC cohorts (see Table 1), it can be seen that the gain pattern for the remediation group compares to that of the entire cohort group.

The pattern is not as clear for the later grades as it seems to be for Primary 2 and Grade 3, however, it seems that in spite of the initial deficiencies as evidenced by the scores of CSC students in the earlier table the rate of gain has increased relative to the gains of the cohort population. The remedial students who had been exposed to CSC treatment were establishing an essentially similar rate of learning growth pattern.

TABLE 1

Comparison Gains in Grade Equivalent Scores on Stanford Reading Tests
of Title I Students, NEC Students and CSC Students
May 1970 and May 1971

Title I Students* May 1971		NEC Students** May 1970		May 1971		CSC Students*** 20-Session Project Experience May 1970		May 1971		Number of CSC Students
Primary 2****		Primary 1		Primary 2		Primary 1		Primary 2		
W.M.	P.M.	W.M	P.M.	W.M.	P.M.	W.M.	P.M.	W.M.	P.M.	
1.9	1.9	1.6	1.6	2.2	2.3	1.3	1.5	1.9	1.9	51
Grade 3		Primary 2		Grade 3		Primary 2		Grade 3		
2.7	2.7	1.9	1.9	2.8	2.7	1.6	1.6	2.3	2.3	26
Grade 4										
Grade 4		Grade 3		Grade 4		Grade 3		Grade 4		
3.5	3.4	2.7	2.7	3.5	3.7	2.3	2.2	2.8	2.8	10
Grade 5		Grade 4		Grade 5		Grade 4		Grade 5		
3.8	3.9	4.4	4.1	4.2	4.2	2.9	3.5	3.8	4.4	6

*Title I Summary of Results, Research and Development Department, October 1971
**Evaluation of Title III Programs, American Institutes in Research, September 1971
***W.M. and P.M. refer to the Word Meaning or Reading and Paragraph Meaning subtests of the SAT
****Scores obtained from means of the grade equivalent scores of students in each grouping and not from means of raw scores later converted to grade equivalents.

TABLE 2

Comparison Mean Gains in Grade Equivalent Units
of CSC Students and Sending School Cohort
Groups on the Stanford Reading Tests

Number of Students	All NEC		Grade	CSC		Number Students
	WM	PM		WM	PM	
256	6	7	Primary 2	6	5	51
265	7	8	Grade 3	7	7	26
261	8	10	Grade 4	5	6	10
208	2	1	Grade 5	8	9	6

While enrolled in the project the CSC students rate of gain in achievement changed markedly. The SAT pretest scores indicated a rate of learning of 36.8% in W.M. and 46.5% in P.M.[1] The scores registered by the students in May 1971 indicated a rate of learning of 68.7% on the W.M. subtest and 61.3% on the P.M. subtest for the project students for the school year 1970-71.

Self-Esteem Changes in CSC Students

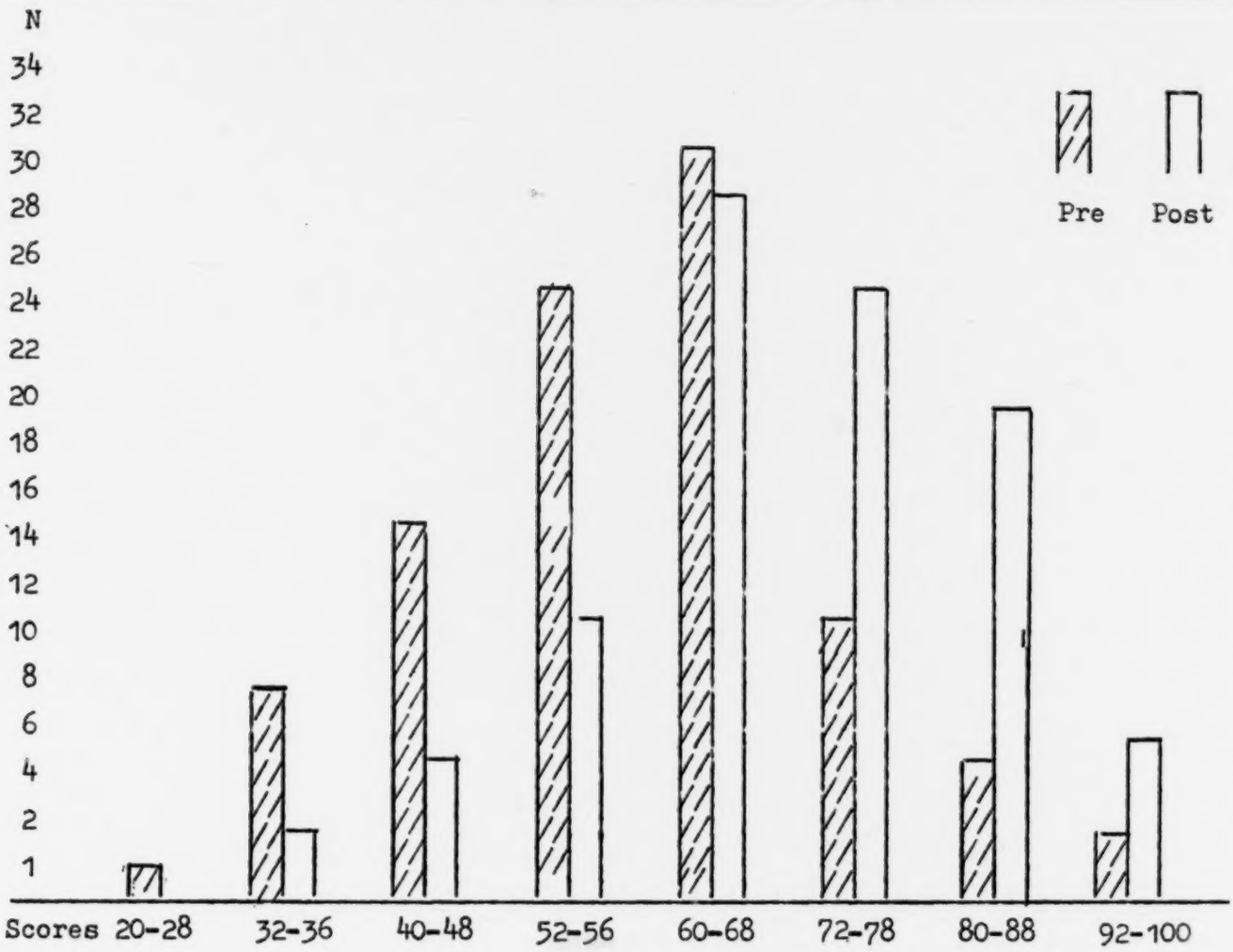
Upon entrance into the CSC program each student was asked to take a modified form of the Coopersmith Self-Esteem Inventory.[2] This experience was replicated when the student left the program (usually May 1971). In the graphic description which follows 97 students for whom pre and post scores were available manifested a significant increase in the mean of posttest scores ($t = 5.69$, $df = 97$, $P < .01$).

[1] These percentages were obtained by dividing each CSC student's SAT pretest grade Equivalent scores by the number of school months since enrollment since Primary 1.

[2] Coopersmith, Stanley, The Antecedants of Self-Esteem, W. H. Freeman and Company, San Francisco, California 1969.

FIGURE 1

Distribution of Pre- and Posttest Scores
on the Coopersmith Scale of Self-Esteem
as Shown by CSC Students 1970-71



A comparison of individual scores showed that over 70% of the students recorded a higher posttest score on the scale. Fourteen percent evidenced no change and the remainder showed a decrease. The decrease in scores tended to be moderate as compared to the gains.

The Coopersmith Scale proved to be invaluable to the social therapist whose interest in the instrument was as a diagnostic tool, aiding in interviews with

students, with home visitations and parent consultations. The therapist found that a configuration of poor self-esteen responses tended to be symptomatic of internal problems and concerns. These often seemed to be aggressive toward others and masochistic toward self. Quite often they were concomitant with fantasy. A pattern of external problems was also noted. These related to a pattern of many residence changes accompanied by alterations in life-styles and living arrangements. Also evident was the preoccupation of the student with assaultive environmental experiences. A number of students also had physical problems which they tended to see as disabilities (e.g., scars, facial characteristics, burns, etc.). By extension it is postulated that the reading problems of individuals may be symptomatic or at least concurrent with other needs. Further evidence is presented below:

Teacher Checklist of Student Behavior

A checklist describing a student's classroom behavior as noted by the feeder school teacher was completed for each student enrolled in the CSC program. The most frequent kinds of behavior are noted below in order of decreasing frequency.

1. Difficulty with coordination, handling materials, clothing, pencil, scissors, etc.
2. Inability to work independently, attention seeking frequent changes of activity.
3. Underachieving in relation to peers.
4. Frequent signs of tension (hyperactivity, crying, tics, etc.).
5. Daydreaming.
6. Fear of trying new things.
7. Tendency to be autistic in play activities and inability to cooperate with others.

These dimensions must be seen as an integral part of the remedial problem. The physical problems noted in the list are specific concomitants of learning disability. It is felt by the staff of the CSC that students such as these form an increasing percentage of the remediation problems encountered by the CSC.

It was noted previously that the average aptitude level of the CSC students in the Peabody Picture Vocabulary Test had risen this year. With the NEC statistics indicating a rising efficiency in student learning it is understandable that the students who are now being sent to the CSC for clinical treatment tend to be students whose lack of achievement has been due to motor-perceptual kinds of learning disabilities. The incidence of these disability problems do not seem to be related to intelligence.

The CSC bears the responsibility for the remediation of the specific problems of learning disability in its team role with the NEC. The CSC will need to modify its program to include a more resourceful approach toward physical and motor-perceptual skill building. A learning disabilities committee of NEC teachers and CSC staff has been formed regarding this problem.

The rationale being used is that, with these students, remediation in reading would come only within a program of physical and perceptual developmental functions. These would emphasize directionality and individual cognitive patterning in order to create the correct prescription for the individual child.

This would explain why most students remained in the remediation program longer this year. Remediation was not, as had been the case often in the past, simply a matter of re-education or even of providing reinforcement of past experiences.

Attitudinal Responses of Parents, Administrators, and Teachers

During a CSC Open House, parents were asked to comment on their child's experiences with the CSC. The sample answers listed below were typical.

"My child's attitude in reading is much better -- improved 100%."

"Inez shows more interest."

"She is doing wonderfully and she acts better too."

"The teachers are so warm to the children. My boy is so proud."

School administrators and teachers were interviewed in their buildings during April 1971. Their responses follow.

"The CSC tested most of our children in the primary unit. They made recommendations, as to specific tactics and activities. We've seen several children develop interest attitudes since."

"Most of the teachers are very pleased with the resource of the CSC but we do lack materials. Teachers do not go over there and often there is no follow up here in school."

"They've taken care of all of our testing needs even while running the clinic. Valuable support service and resource.

Teachers were interviewed either in their building or as they visited the Center during April and May 1971.

"I'd like to see individualized entry into the clinic program of of any student in any grade."

"I've received suggestions in eye-motor control activities, ideas for utilization of techniques and materials available in the classroom to be used in a comprehensive manner."

"CSC teachers meet with clusters, they should push their teacher made materials. They've replaced a stop-gap approach with a comprehensive diagnostic system."

"Utilization of the prescriptions is a problem. Some I don't understand and with others we just do not have the materials."

"I've gone over there and received concrete help with specific problems."

"They should know when to give up, if a child is not improving let another who can benefit take his place."

"We need more guidelines, more specific prescriptions."

"Don't take the chronic absentee."

"We could use more follow-up, demonstration lessons, analyzation, etc."

"Do they know what materials we use? We should communicate more."

"Prescriptive reports are not always based on the knowledge of materials we're using."

"If we have a child who has been helped can we pull that child and substitute another?"

From a kindergarten teacher:

"In more cases the results of the CSC testing confirmed what had been observed in the classroom; in others the results initiated action which probably would not have been taken, e.g., a neurological examination, new instructional tactics, promotion into the next grade, etc. The testing program was most helpful."

When teachers at the CSC Summer Workshop were asked the following question these responses ensued.

Have you any comments or suggestions concerning ways in which CSC services to pupils and/or feeder school teachers could be improved?

I think the staff should visit each cluster and explain the diagnostic sheets that are returned after the children are tested. I think each teacher should have the experience of this workshop, because there are so many teachers that do not understand the sheets that are sent back after the testing.

I am well satisfied with the services of CSC. Perhaps materials to accompany the children might be in order in some extremely exceptional cases. Many specialized remedial materials are simply unavailable to us in regular classrooms. It might also be helpful to allow teachers to, on requested basis, come to CSC to talk or have shown exactly how these materials can be used so they may become meaningful to a teacher before she attempts to use the material in the classroom.

It would be well if whole teams (or perhaps two teams at a time) could attend a similar workshop together. In this way all could work together in diagnosing remediation behavior modification, etc. The

children would have continuity and reinforcement from all cluster teachers. This has been the most worthwhile workshop I have taken.

All feeder school personnel should have orientation to CSC near the beginning of the school year, (a) services offered, (b) guidelines (Federal), (c) rationale for acceptance of students, (d) materials. Offer workshop during regular semester, released time and after school.

CSC personnel (reading diagnostician, social therapist and psychologist) should, as a matter of procedure confer with classroom teachers re: pupils referred to the center. An overview of the kinds of reading disabilities, their symptoms and possible techniques for remediation should be discussed in small groups, teachers, meetings, or during a conference with interested teachers.

The above is taken from a memo dated August 26, 1971 directed to the NEC Project staff from the CSC evaluator. It was followed shortly by a memo from the NEC project director to the school administrators drawing the thoughts expressed above to their attention.

Summary

In addition to the extensive diagnostic and prescriptive role continued and amplified this year, the CSC began the 1970-71 school year working for the first time with younger children (Primary 2) and smaller groups. These changes were made in order to concentrate efforts on methodology which had been successful in the past to effect changes in reading achievement in a lesser period of time.

Data gathered indicated that students brought into the CSC program were considerably behind their cohorts in past achievement. Posttest scores on the Stanford Achievement Reading Subtests gave evidence of positive increases in rates of learning in comparison to pre CSC scores. Rates of learning were brought considerably closer to those of their grade cohorts in the sending schools. The CSC students 1970-71 scores were compared with the grade

equivalent scores registered by all Title I elementary students tested.

Utilization of a pre and post self-esteem scale indicated a statistically significant positive change in attitude and was also useful in alerting CSC staff as to the many faceted nature of the students' reading problem.

The above together with a teacher rating scale concerned with the classroom behavior of students selected for the CSC experience emphasized the relationship between experiential and physical problems and reading or learning disability. With NEC statistics indicating an increasing efficiency in student learning it is understandable that those students who are sent to the CSC tend to be those whose lack of success is due to such disabilities.

The CSC has during this year begun to apply remediation techniques for dealing with overriding pervasive learning problems rather than segmented problems of reading. Further work in diagnosis, prescription reporting and concentrated efforts to use behavioral objective methodology in both instruction and communication is necessary as evidenced by teacher reports, but the success shown by the Primary 2 students indicates that much has already been accomplished.

During this past year these changes have occured:

1. Use of the input of the NEC classroom teachers as the decisive part of the selection process.

2. The center's constant effort toward more meaningful diagnosis involving all students sent by the referring schools.

3. The availability of testing services with concomitant evaluation and prescription for kindergarten and preschool children.

4. The implementation and communication of increasingly useful prescriptive techniques as part of the CSC report to the classroom teachers.

5. The inclusion of the CSC staff in NEC planning (resulting in a positive, measurable attitudinal change on the part of the referring classroom teachers).

6. The social therapist role has become much more functional with the inclusion of home visiting techniques.

It would seem that the staff of the CSC now finds it possible to change roles from that of gathering information, methods, and techniques to that of idea generating and dissemination. The weekly in-service training sessions should be used as learning modules for referring teachers. As a suggestion a method of cross age tutoring utilizing CSC students might be used as one vehicle through which the CSC staff teachers act as resource to the tutors, tutees, and the classroom teachers.

Furthermore:

It should be possible for the CSC staff to begin workshops for parents and teacher aides.

It should be possible to extend further services to kindergarten and preschool.

It should be possible for each of the CSC teachers to increase services as resource persons to particular schools or particular clusters in applying their expertise to individual problems.

. . .

APPENDIX

Tchr._____

DIAGNOSTIC CHECK SHEET
COMM. SKILLS CENTER

☐A ☐R ☐AT

Female _____ _____ 3 Date 10/25/71
Last Name First School Gr.
Examiner_____ Birth Date 8/2/63

Peabody Picture Vocabulary Test C.A. 8-2 MA 7-7 IQ 97

Columbia Mental Maturity Scale C.A. 8-2 MA 7-0 IQ 86

I.R.I. Test Results: Vocabulary Level ____ = -pp %

	Oral	Silent
Instructional Reading Level (75% comp.)	pp	-pp
Independent Reading Level (90% comp.)		
Hearing Capacity Level (75% comp.)	pp	

PUPIL NEEDS HELP IN:

Alphabet- a b c d e f g h i j k (l) m n o p (q) r s t u v w x y z (circle items missed)
(e) (p)
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z (circle items missed)

(1) single consonant sounds needs (4) rule of silent e needs

(2) consonant combination needs (5) vowel combination needs

(3) short vowels needs (6) syllabication needs

Approximate Reader Levels Based on Dolch Sight Word Test

0 - 75 = Pre Primer ____ 121 - 170 = First Reader ____ Above 210 = Third
76 - 120 = Primer 120 171 - 210 = Second Reader ____ Reader or above ____

Pre-Reading Test

Pencil Use	Auditory Memory	Word Matching
Visuo-Motor	Categories	Word Recog.
Auditory Perception	Reversals	Word Reproduction

Seems to focus on beginning sounds. Child omits endings. The low vocabulary and phoni level keep her from comprehending. To help her we must build her vocabulary then her phonics. In following the sounds of letters be sure the child has picutres. Use Lett Patterns and Drills.

Prescription: 10-29-71 Wepman Auditory Discrimination test - 5 yr. level; Frostig test of Visual Perception; Eye-Motor Coordination - 6-3 yr. level; Figure-Ground - 5-6 yr. level; Form Constancy - 7-0 yr. level; Position in Space - 5-6 yr. level.

Child is cooperative and puts forth fair effort but is often confused by mistaki words for others with similar sounds. She should, whenever possible, be required to repeat instructions verbatim and could profit from games and exercises such as "Simon Says".

She needs a great deal of experience with material such as that in the Frostig Program for the Development of Visual Perception. She could also benefit from activi such as sorting objects and gymnasium tasks designed to stabilize directionality.

(continue on reverse side)

Tchr._____

DIAGNOSTIC CHECK SHEET
COMM. SKILLS CENTER

☐A ☐R ☐AT

Male _____ _____ _____ Date 9 / 23 / 71
Last Name First School Gr.
Examiner_____ Birth Date 4 / 8 / 63

Peabody Picture Vocabulary Test C.A. 8-5 MA 7-3 IQ 93

Columbia Mental Maturity Scale C.A. 8-5 MA 6-9 IQ 80

I.R.I. Test Results: Vocabulary Level pp = 5 %

		Oral	Silent
Instructional Reading Level	(75% comp.)	-pp	
Independent Reading Level	(90% comp.)		
Hearing Capacity Level	(75% comp.)	-pp	

PUPIL NEEDS HELP IN:

Alphabet- a b c d e f g h i j k l m n o p q r s t u v w x y z (circle items missed)
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z (circle items missed)

(1) single consonant sounds_____ (4) rule of silent e_____
(2) consonant combination _____ (5) vowel combination_____
(3) short vowels _____ (6) syllabication_____

Approximate Reader Levels Based on Dolch Sight Word Test

0 - 75 = Pre Primer 2 121 - 170 = First Reader _____ Above 210 = Third
76 - 120 = Primer _____ 171 - 210 = Second Reader_____ Reader or above__

Pre-Reading Test

Pencil Use	Auditory Memory	Word Matching
Visuo-Motor	Categories	Word Recog.
Auditory Perception	Reversals	Word Reproduction

Suchs finger, bites fingernail. Child recognized "I" and "look" on the Dolch Basic Sight Word list and "stop" on the Pre-Primer Word Recognition Check. "Look" is also on the P.P. Word Reg. Check, but he did not recognize it.

Prescription: Further testing is recommended. A Frostig Test of Visual Preception, Wepman Auditory Discrimination and various subtests of the Detroit Test of Learning Aptitude were given to this child over a period of two days. His performances in all of these were very poor--often so poor as to make the tests invalid.At times he acted as if too exhausted to make a useful effort and often seemed unable to grasp the conce involved in a particular task, even though elaborate examples were used

He is badly hampered by his meager, inadequate vocabulary and seems to have difficulty discriminating between similar-sounding words. He also exhibits many evidences of faulty visual perception, especially in tasks involving recognizing shapes drawn in varying sizes and against changing backgrounds.

(continue on reverse side)

He should be given extensive experience with visual materials such as those in the Frostig program for the Development of Visual Perception. (We can, if his teachers wish, furnish these materials) He could also be helped by games involving sorting objects by size, color, and shape, and tracing patterns of various sizes. Listening to stories then telling something of what he has heard and games such as "Simon Says" should also be helpful in training for more effective listening.

Child should have an extensive, expert diagnosis of both his vision and hearing.

Tchr._____

DIAGNOSTIC CHECK SHEET
COMM. SKILLS CENTER

☐A ☐R ☐AT

Female _____ _____ _____ Date 9/27/71
Last Name First School Gr.
Examiner_____ Birth Date 9/19/64

Peabody Picture Vocabulary Test C.A. 7-0 MA 5-2 IQ 74

Columbia Mental Maturity Scale C.A. 7-0 MA 5-8 IQ 84

I.R.I. Test Results: Vocabulary Level pp = 20 %

	Oral	Silent
Instructional Reading Level (75% comp.)	none	
Independent Reading Level (90% comp.)		
Hearing Capacity Level (75% comp.)	-pp	

PUPIL NEEDS HELP IN:

Alphabet- a b c d e f g h i j k l m n o p q r s t u v w x y z (circle items missed

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z (circle items missed

(1) single consonant sounds knows (4) rule of silent e needs

(2) consonant combination needs (5) vowel combination _____

(3) short vowels needs (6) syllabication _____

Approximate Reader Levels Based on Dolch Sight Word Test

0 - 75 = Pre Primer 4 121 - 170 = First Reader _____ Above 210 = Third
76 - 120 = Primer _____ 171 - 210 = Second Reader _____ Reader or above__

Pre-Reading Test

Pencil Use	tense	Auditory Memory	o.k.	Word Matching	low
Visuo-Motor	o.k.	Categories	high	Word Recog.	critial
Auditory Perception	low	Reversals	high	Word Reproduction	o.k.

Child has a very pronounced speech impediment which made it difficult to understand her responses at times. She was given the Pre-Reading test because her other test scores were so low. Her low scores in Auditory Discrimination and Word Matching indicate weaknesses in auditory and visual perception. Suggested activities which follow might be helpful in planning a reading program for child.

Prescription:

It was recommended that child's hearing be checked.

A Frostig Test of Visual Perception and a Wepman Auditory Discrimination Test were also administered.

Child's performance on the Auditory Discrimination Test was so poor that the test cannot be considered valid, yet we are certain that she understood what she was supposed to do and taht she really tried.

Her performance on the Frostig test was also very poor in every section except that involving Spatial relations. She was so tense and her motor control so immature that she broke at least four pencil points on each page.

(continue on reverse side)

We suggest that she be given extensive work with Frostig training material-- which we can furnish if not available at _____ School. She could also be helped by practice in sorting and identifying objects, tracing patterns both large and small, and working with pegboards and large jig-saw puzzles.

We assume that she has been referred to a speech therapist. Since there is some feeling that in our tests she often refused to respond because she felt she couldn't form the appropriate words, we suggest that she be allowed considerable time for possible improvement in speech. If, after a reasonable time, her general performance shows no improvement, she should be referred to the Psychological Clinic for extensive testing.